U.S. Cost	Reimbursa	ble-		*************				Dλ	ID BY	
72 1	7 ,		au, or establishment)					i n	ы	
Voucher prepa	ired at		(Give place and date)				-			
THE UNITED S	TATES, Dr.,	Payce's	Account No	34 5						
T_{0}										
		(Pay	·ec)							
-	(Ad	dress)	(City)	(St	tate)		_			
No. and Date of	Date of Delivery	ART (Enter description, ite	CLES OR SERVICES n number of contract or Federal er information decimed necessary		supply QUANTITY		UNIT PRICE		AMOUNT	
Order	or Service	schedule, and oth Discount Terms	er information decree	ned necessary)		QUANTITY	Cost	Per	Dollars	Ct
		Cost				·			\$ 3,113	1 7
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Shipped from		to We	ight	Government B		, NO	T .1.	Total	\$ 3,111	1 7
I certify that the a	bove bill is correc	ct and just and that payment	t has not been receive	ed.		e must NO				
STATII	NTI	(Sign original only)				es			1	
		STA	TINTL	-						
Date 6-16-5	*Pavee	e not required wh	1	bill or bills)						- 1
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	LO1	Date	Reg. No.			ate		Invoice Rec		
D	itu waatad in ma	I certify that this account is	correct and proper fo	or payment					1 0 + 4 +	TINE
† Approved fo		1 certify that this account is	correct and proper in	a payment.					STAT	IIN
† Approved to//\$			SIGN	7						
Ву _			ORIGINAL ONLY	Title		Certi	fying	-Offic	er	
			ORLI	- 6	1/2/	55				
Title -Contrac		cer		Date	onen surria	UT WOUTTEN	CDEEMENT			
ATINTL	THE REVERSE OF 1	HIS FORM MUST BE EXECUTED WH	EN PURCHASES ARE MADE	OR SERVICES SECO	JKED WILHO	UI WRITTEN A	GKEEMENI	IN ANT FURM		
	ACCOU	NTING CLASSIFICATION	(Appropriation Symi	ool must be sho	own; othe	r classificat	tion optic	nal)		
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Check N	6.29 398	1000 dated 6/30		for \$_/	6.8.L.:	-/	On 1	reasurer or	amed above.	

Standard Form No. 1035—Revised Form prescribed by Carpy noved For Release 2000/V494ch@14crpscbesesR000400010028-7 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES	OUAN-	UNIT PRICE		AMOUNT	
		(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	Cost	Per	Dollars	Ct
		SYSTEM 3 CONFIDENTIAL PAYROLL				-	-
		Direct Labor Costs properly chargeable to					
		Contract AlO1 for the period 6-6-55 thru					
		6-12-55.				STATIN	ℷϯ∟
		Week Ending 6-12-55.					
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		Overhead computed at interim rate					
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